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FAX TRANSMISSION**DATE:** September 26, 2007**PTO IDENTIFIER:** Application Number 10/516,418-Conf. #4955
Patent Number**Inventor:** Edouard S.P. Bouvier et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Dwight D. Kim, Ph.D.**PHONE:** (617) 517-5588**Attorney Dkt. #:** 60009(49991)**PAGES (Including Cover Sheet):** 23**CONTENTS:**
Certificate of Transmission (1 page)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Transmittal (1 page)
Amendment Transmittal Letter (1 page)
Amendment in Response to Non-Final Office Action (19 pages)
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Application No. (if known): 10/516,418 Attorney Docket No.: 60009(49991)

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Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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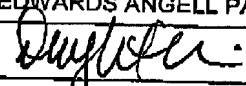
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/516,418-Conf. #4955
		Filing Date	May 13, 2005
		First Named Inventor	Edouard S.P. Bouvier
		Art Unit	1616
		Examiner Name	E. V. Arnold
Total Number of Pages in This Submission	22	Attorney Docket Number	60009(49991)

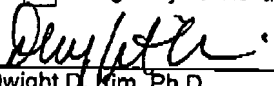
ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal Letter
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Dwight B. Kim, Ph.D.		
Date	September 26, 2007	Reg. No.	57,665

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AMENDMENT TRANSMITTAL LETTER				Docket No. 60009(49991)	
Application No. 10/516,418-Conf. #4955		Filing Date May 13, 2005		Examiner E. V. Arnold	
Art Unit 1616					
Applicant(s): Edouard S.P. Bouvier et al.					
Invention: DESTRUCTIBLE SURFACTANTS AND USES THEREOF					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	63	- 65 =		x	0
Independent Claims	7	- 7 =		x	0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					450.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>450.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Dwight D. Kim, Ph.D. Attorney/Agent Reg. No.: 57,665 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5588				Dated: <u>September 26, 2007</u>	

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